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CORRESPONDENCE ADDRESS
INDICATION FORM**

	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 150px; padding: 2px;">Application Number</td><td style="width: 150px; padding: 2px;"> </td></tr> <tr> <td style="width: 150px; padding: 2px;">Filing Date</td><td style="width: 150px; padding: 2px;">February 28, 2006</td></tr> <tr> <td style="width: 150px; padding: 2px;">First Named Inventor</td><td style="width: 150px; padding: 2px;">Christine Power</td></tr> <tr> <td style="width: 150px; padding: 2px;">Title</td><td style="width: 150px; padding: 2px;">Treatment of Fibrotic Disease</td></tr> <tr> <td style="width: 150px; padding: 2px;">Art Unit</td><td style="width: 150px; padding: 2px;"> </td></tr> <tr> <td style="width: 150px; padding: 2px;">Examiner Name</td><td style="width: 150px; padding: 2px;"> </td></tr> <tr> <td style="width: 150px; padding: 2px;">Attorney Docket Number</td><td style="width: 150px; padding: 2px;">ARS-122</td></tr> </table>	Application Number		Filing Date	February 28, 2006	First Named Inventor	Christine Power	Title	Treatment of Fibrotic Disease	Art Unit		Examiner Name		Attorney Docket Number	ARS-122
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Attorney Docket Number	ARS-122														

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

Practitioners associated with the Customer Number:

23557

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Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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Zip

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Telephone

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I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature	Date	
Name	CHRISTINE POWER	Telephone
Title and Company		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

*Total of _____ forms are submitted.

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